| THIS STATEMENT REFLECTS MY FINANC PRECEDING TAX YEAR ENDING: | IA. INTERESTS FOR THE | NAME OF YOUR AGENCY: | | |
|--|----------------------------------|--|--|--|
| CHECK EITHER OR SPECIFY TA DECEMBER 31, 1998 XX THAN THE CAL | X YEAR IF OTHER ENDAR YEAR: | City of Cape Coral CHECK ONE OF THE FOLLOWING CATEGORIES: | | |
| AST NAME - FIRST NAME - MIDDLE NAME | | | | |
| Pavlos Charles George | | | | |
| 2122 S.W. 51st Street | | SPECIFIED STATE EMPLOYEE | | |
| | | LIST OFFICE OR POSITION HELD OR SOUGHT: Public Works | | |
| TY: ZIP: Cape Coral 33914 | COUNTY: Lee | Director | | |
| ART A — PRIMARY SOURCES OF INCO NAME OF SOURCE OF INCOME City of Cape Coral | ME [Sources exceeding 5% of S | f gross income] SOURCE'S ADDRESS | failure to make any required dis r more of the following: disquar spension from office or employ y not exceeding \$10,000. DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY 1, FL – City Government | |
| U.S. Navy (Retirement) | | H (pay office) | National Defense | |
| PART B - SOURCES OF INCOME TO BU | SINESSES OWNED BY THE | REPORTING PERSON (M | aior customers, clients, etc.) | |
| PART B — SOURCES OF INCOME TO BU NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | | REPORTING PERSON [M SOURCE'S ADDRESS | ajor customers, clients, etc.] DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY | |
| NAME OF SOURCE OF | | SOURCE'S | DESCRIPTION OF THE SOURCE'S | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | ings] | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo | |
| | ings] | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo tom of page 2. INSTRUCTIONS on who must file this | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | ings] | SOURCE'S ADDRESS | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this | |
| NAME OF SOURCE OF BUSINESS ENTITY'S INCOME | ings] | SOURCE'S ADDRESS FL | DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY FILING INSTRUCTIONS for when and where to file this form are located at the bo tom of page 2. INSTRUCTIONS on who must file this form and how to fill it out begin on page 3 of this packet. OTHER FORMS you may need to file | |

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| PART D — INTANGIBLE PERSONAL PROPERTY [Stocks, bonds, certificates of deposit, etc.] | | | | | | |
|--|---------------------------------------|---|---------------------------------------|---------------------|--|--|
| TYPE OF INTANGIBLE | | BUSINESS ENTITY TO WHICH THE PROPERTY RELATES | | | | |
| | | | , | | | |
| | | | | | | |
| | | | | | | |
| PART E — LIABILITIES IN EXCESS OF NET WORTH [Major debts] | | | | | | |
| NAME OF CREDITOR | | ADDRESS OF CREDITOR | | | | |
| First Union Mortgage Corporation | | P.O. Box 900001 Raleigh, NC 27675 | | | | |
| | | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | | |
| PART F — INTERESTS IN SPECIFIED BUSINESSES [Ownership or positions in certain types of businesses] | | | | | | |
| | BUSINESS ENT | FITY # 1 | BUSINESS ENTITY # 2 | BUSINESS ENTITY # 3 | | |
| NAME OF BUSINESS ENTITY | | | | | | |
| ADDRESS OF BUSINESS ENTITY | | | | | | |
| PRINCIPAL BUSINESS ACTIVITY | | | | | | |
| POSITION HELD WITH ENTITY | | | | | | |
| I OWN MORE THAN A 5% INTEREST IN THE BUSINESS | · · · · · · · · · · · · · · · · · · · | | | | | |
| NATURE OF MY OWNERSHIP INTEREST | | | | | | |
| IF ANY PARTS OF A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE | | | | | | |
| SIGNATURE: | 6 P-C | | DATE SIGNED: | × | | |

FILING INSTRUCTIONS FOR FORM 1

WHAT TO FILE: After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing. Note: You also may be required to file Form 10, which is the last page of this packet. Please see that form for detailed instructions.

NOTE: MULTIPLE FILING UNNECESSARY: Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

WHERE TO FILE: Local officers file with the Supervisor of Elections of the county in which you permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.) State officers or specified state employees file with the Department of State, Room 1802, The Capitol, Tallahassee, Florida 32399-0250. Candidates file this form together with your qualifying papers. To determine what category your position falls under, see the "Who Must File" Instructions on page 3. If you were mailed the form by the Secretary of State or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

WHEN TO FILE: Initially, each *local officer, state officer,* and *specified state employee* must file within 30 days of the date of his or her appointment or of the beginning of employment.

Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

Thereafter, *local officers, state officers,* and *specified state employees* are required to file by July 1st following each calendar year they hold their positions. *Candidates* for publicly-elected state or local office must file at the same time they file their qualifying papers.

(Continued on p.3)